

**Plan of Courses to Meet Competencies for
Special Education—Cross Categorical
Temporary Authorization Certificate**

Instructions: Complete all requested information. List the course(s) you have taken (be sure to include the transcript showing completion) or will take to meet each competency. When submitting your Plan of Courses, send the completed form, the TAC application, official transcripts and background check forms to:

Missouri Department of Elementary and Secondary Education
Attn: Educator Certification
P.O. Box 480
Jefferson City, MO 65102-0480

If you have completed some courses that you want considered in the Plan of Courses, contact a DESE Certification Supervisor, in writing, for determination of competencies met and those still needed.

Name _____ Social Security # _____

Address _____

Phone _____

Date _____

School District Where Employed _____

Special Education Competencies for TAC

List the appropriate course number/name and college where you have taken or will take to meet each competency listed below.

A. Psychology of the Exceptional Child

B. Behavioral Management Techniques

C. Evaluation of Abilities and Achievement (to include Intelligence Testing)

D. Introduction to Cross Categorical Disabilities

E. Methods of Teaching Students with Cross Categorical Disabilities

F. Methods of Teaching Reading

- 1.) Reading Methods 2.) Analysis and Correction of Reading Disabilities***
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G. Methods of Teaching Mathematics

- 1.) Mathematics Methods 2.) Methods of Teaching Remedial Mathematics***
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H. Counseling Techniques
